## Partnership Letters *(complete and attach for each partnership formed for this grant program)*

**Regional Student Re-engagement Initiative**

**Partnership Agreement**

**2014-2015**

*The Authorized Representatives from the Provide and participating regional partners and school districts must sign below to indicate their approval of the contents of the application, and the receipt of program funds.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On | (date) , | 2014, | the Provider, | (Provider Organization Name) |

and the Provider’s selected partner, \_\_\_\_\_\_\_(Partner Name)\_\_\_\_\_\_\_\_\_\_\_\_ hereby assures that the following information is complete and correct:

|  |  |
| --- | --- |
| **Expectation of Partnership (roles, responsibilities) *Please provide a brief summary.*** | Provider:  Partner: |
| **Provider Experience: *Please summarize experience and outline what supports the partner can expect of the provider.*** |  |
| **Partner representative to be the point of contact for the initiative.** | Name:  Title:  Email: |
| **Partner resource available to support the initiative. Include, expertise, community connections, relevant experience.** | Provider:  Partner: |
| **In-kind contributions to be made by Partner: Include, staff, expertise, community connections, funds to be leveraged, materials…** |  |
| **Projected amount that partner will receive as part of the pilot implementation. *Please note if “not applicable” because partner will not receive funds.*** | $ |
| ***As applicable:* If funds will be designated to the partner, indicate commitment to budget and program assurances required by CDE and the U.S. Department of Education/High School Graduation Initiative. *Please summarize that the assurances have been reviewed and will be followed.*** | *Example: I have reviewed and agree to following and maintaining the required assurances for the regional initiative. Systems will be put in place to communicate the assurances with staff that have a role in the initiative.* |
| **Partner commitment to submit information related to reporting requirements. *Please summarize the commitment for reporting.*** | *Example: I understand that as a partner, my agency may be required to collect and provide information to support CDE reporting requirements. We will fulfill requests in accordance with applicable rules and regulations.* |

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| Name of Provider’s Authorized Representative  *(If applicable)* |  | Signature of Provider’s Authorized Representative  *(If applicable)* |

|  |  |  |
| --- | --- | --- |
| Name of Partner’s Authorized Representative  (If applicable) |  | Signature of Partner’s Authorized Representative  (If applicable) |